RECONSTRUCTIVE SURGERY IN INTERSTITIAL CYSTITIS

Hypothesis / aims of study
To evaluate the outcome after various types of reconstructive surgery in patients with classic and nonulcerous interstitial cystitis, IC.

Study design, materials and methods
45 patients, fulfilling the NIH/NIDDK criteria for IC, were evaluated retrospectively. They had all undergone reconstructive surgery between September 1978 and October 2003 due to failure to respond to conservative treatment. The surgical procedures were as follows: noncontinent ureteroenterocutaneostomy (13), supratrigonal cystectomy and ileocystoplasty (24), continent urinary diversion with a Kock pouch (7), and caecocystoplasty (1). The series comprised 33 patients with classic IC (26 women and 7 men) and 12 patients with nonulcer IC (10 women and 2 men). The symptoms pre- and postoperatively were assessed by preoperative interview, visual analogue scale for pain assessment, micturition diaries, urinalysis and urography. Data were obtained by surveying the clinical records.

Results
For 27 of the patients with classic IC the surgical procedure resulted in complete symptom resolution. The remaining six patients could successfully be managed by simply avoiding maximal filling of the pouch, transurethral resection of ulcers in the trigone remnant or a supplementary diversion procedure. Only four of the 12 patients with nonulcer disease experienced symptom resolution after reconstructive surgery. It should be noted that three out of these four required a supravesical diversion procedure, being unresponsive to supratrigonal cystectomy and ileocystoplasty.

Interpretation of results
Reconstructive surgery in refractory IC appears to be an appropriate last resort for patients with classic IC. For nonulcer IC, however, it seems to be less rewarding. The decision to embark upon major reconstructive surgery in IC patients should be preceded by a thorough preoperative evaluation, including assessment to the relevant subtype, i.e. classic or nonulcer IC.

Concluding message
A critical attitude to major surgery in non-ulcer IC is warranted.


